REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application No.	10/540,317
Filing Date	December 11, 2003
First Named Inventor	Andrew T. Yule
Group Art Unit	
Examiner Name	
Attorney Docket Number	5926P080

I hereby revoke all previous powers of attorney given in the above-identified application:									
☐ A Power of Attorney is submitted herewith. OR ☑ I hereby appoint the practitioners associated with Customer Number: 08791									
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR									
☐ Firm <i>or</i> Individual Na	me								
Address									
Address									
City			State			Zip Code			
Country		Telephor	ie			Fax			
I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Name	Stefan Franco								
Signature									
Date	02-10-2000								
NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
"Total of forms are submitted.									